**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I  |  |   |                                |                                 |              |  | S          | SMALL ENTITY        |                        |           | OTHER               | THAN                         |
|---|--|---|--------------------------------|---------------------------------|--------------|--|------------|---------------------|------------------------|-----------|---------------------|------------------------------|
|   |  |   | (Column 1)                     |                                 | (Column 2)   |  | . 1        | TYPE                |                        | OR        | SMALL               |                              |
| TOTAL CLAIMS  |  |   |                                |                                 |              |  | RATE       | FEE                 |                        | RATE      | FEE ?               |                              |
| FOR   |  | NUMBER FILED                              |                                | NUMBER EXTRA                    |              |  | BASIC FEE  | 355.00              | OR                     | BASIC FEE | 710.00              |                              |
| TOTAL CHARGEABLE CLAIMS   |  | Minus 20=                                 |                                | . 40                            |              | $[ \ [$                                      | X\$ 9=     |                     | OR                     | X\$18=    | 720                 |                              |
| INDEPENDENT CLAIMS  |  |   | 8 mi                           | nus 3 =                         | * '2         | -5   |            | X40=                |                        | OR        | X80=                | 400                          |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                         |                                 |              |  |            | +135=               |                        | OR        | +270=               | 1                            |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" in c |                                 |              | olumn 2                                      | L          | TOTAL               |                        | OR        | TOTAL               | 1830                         |
| CLAIMS AS AMENDED - PART II   |  |   |                                |                                 |              |  |            | '                   |                        |           | OTHER               | THAN                         |
|   |  | (Column 1)                                | (Column                        |                                 | mn 2)        | (Column 3)                                   |            | SMALL ENTITY        |                        | OR        |                     |                              |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>: PAID | BER<br>OUSLY | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE | - 4       | RATE                | ADDI:<br>TIONAL<br>FEE       |
| NÓN   | Total 🔨 🙏                                      |   | Minus                          | **                              |              | =  | ]          | X\$ 9=              |                        | OR        | X\$18=              |                              |
| AME   | Independent                                    | NITATION OF MI                            | Minus                          | ***                             | CL AINA      | =  | 1 [        | X40=                |                        | OR        | X80=                | · (4.0)等<br>编 - (40 <u>)</u> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                |                                 |              |  | <b>.</b> [ | +135=               | •                      | OR        | +270=               |                              |
|   |  |   |                                |                                 |              |  |            | TOTAL<br>ADDIT, FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                              |
| (Column 1) (Column 2) (Column 3)  |  |   |                                |                                 |              |  |            | ODII. PEE           | -                      |           | ADDII.1 EE1         |                              |
|   |  | CLAIMS                                    |                                | HIGH                            |              | (Column 5)                                   | <b>5</b> - |                     |                        | 1 1       |                     | 4 · 1                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                | NUM<br>PREVI<br>PAID            | OUSLY        | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE       |
| NON   | Total  | *   | Minus                          | **                              |              | =  | ]          | X\$ 9=              |                        | OŖ        | X\$18=              |                              |
| AME   | Independent                                    | *<br>NTATION OF MU                        | Minus                          | ***                             | CLAIM        | =  | ┨╏         | X40=                |                        | OR        | X80=                | • • •                        |
|   | 71101111100                                    |   | ,                              | ENDEN                           | CLAIN        |  | ┙┌         | +135=               |                        | OR        | +270=               |                              |
|   |  |   |                                |                                 |              |  | <u>.</u>   | TOTAL               |                        | OR        | TOTAL               |                              |
| •   | •  | -<br>                                     |                                |                                 |              |  |            | DDIT. FEE           |                        | ١٠.٠      | ADDIT. FEE          |                              |
|   |  | (Column 1)<br>CLAIMS                      | •                              | (Colui                          |              | (Column 3)                                   | <b>\</b> _ |                     |                        |           |                     | •                            |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                | NUM<br>PREVIO<br>PAID           | BER<br>OUSLY | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE       |
|   | Total  | *   | Minus                          | **                              | -            | =  | ] [        | X\$ 9=              |                        | OR        | X\$18=              |                              |
| AME   | Independent                                    | *   | Minus                          | ***                             |              | <u>                                     </u> | ╛╽         | X40=                |                        | OR        | X80=                |                              |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                 |              |  |            |                     |                        |           |                     |                              |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                |                                 |              |  |            |                     |                        | OR        | +270=               |                              |
| **  | f the "Highest Nur                             | mber Previously Pa<br>mber Previously P   | aid For" IN THI                | S SPACE                         | is less tha  | n 20. enter "20                              | )." A      | TOTAL<br>DDIT. FEE  |                        | OR        | TOTAL<br>ADDIT. FEE | _                            |
| ٦   | he "Highest Num                                | ber Previously Pa                         | id For" (Total or              | rIndepend                       | ent) is the  | highest numb                                 | er four    | nd in the app       | ropriate box           | in col    | umn 1.              |                              |